



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR AGING AND INDEPENDENT LIVING**

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DNR/Do Not Resuscitate Process

In accordance with Kentucky Revised Statute (KRS 311.621 to 311.643) and regulation (910 KAR 2:040) those who meet criteria for a DNR order is anyone who:

1. Has a terminal condition-"a condition caused by injury, disease, or illness, which to a reasonable degree of medical probability, as determined solely by the patient's attending physician and one (1) other physician, is incurable and irreversible and will result in death within a relatively short time, and where the application of life-prolonging treatment would serve only to artificially prolong the dying process."
2. Is permanently unconscious-"a condition which, to a reasonable degree of medical probability, as determined solely by the patient's attending physician and one (1) other physician on clinical examination, is characterized by an absence of cerebral cortical functions indicative of consciousness or behavioral interaction with the environment", or
3. "Has a co-morbid condition in which two (2) or more coexisting medical conditions compromise the ward's chance of recovery or of benefiting from active treatment."

After your determination that the medical code status should be changed from Full Code to DNR we will send you a DNR Request Form to be completed. Please fill it out in its entirety and submit it along with the diagnostic documentation or testing that you used to make your diagnosis(es) and determination. The DNR Request Form is a legal document and if not completed it will have to be returned to you for completion. (Advanced Practice Nurses and Physician Assistant signatures cannot be accepted on the form under the law.) In addition, with a DNR order in place, we assume that clients will continue to receive treatment as usual and as necessary, but that any treatment they require would stop short of CPR.

Hospice and Comfort Care Process

When, in your professional opinion, as the client's attending or primary care physician you determine that he/she is terminal and is considered to be at or near end of life a referral to Hospice or other comfort care measures may be made. We respectfully ask that statements be submitted by two (2) physicians documenting their professional

opinion as to why it is most appropriate and in the ward's best interest to initiate Hospice or comfort care. We ask that a thorough explanation with pertinent details be given so that an informed determination can be made. In addition, consent to Hospice does not assume consent for DNR or termination of life supporting measures, as defined in the next section. Those types of care need to follow the DNR and Termination of Life Support processes also. For our internal purposes, depending on the type of care being requested, consent is ultimately given by the Commissioner of the Department for Aging and Independent Living (DAIL).

Termination of Life Support Process

When, in your professional opinion, as the client's attending or primary care physician you and at least one (1) other physician with significant knowledge of the medical condition of the client indicate that the he/she has an irreversible terminal condition and is either permanently unconscious or has a combination of medical factors that make death imminent based on reasonable medical judgment you may initiate a request for the withholding or removal of life prolonging treatments, including but not limited to, mechanical ventilation, hemodialysis, and artificial nutrition. We ask that letters be submitted from at least two (2) physicians documenting their professional opinion as to why it is most appropriate and in the ward's best interest to terminate life support. We ask that a thorough explanation with pertinent details be given so that the Commissioner of the Department for Aging and Independent Living (DAIL) can make an informed decision.

****When Hospice/Comfort Care or Termination of Life Support is being considered the Guardianship field worker will also be reaching out to the family of the client to seek their input as well. If the family is not in agreement with the physicians they are allowed the opportunity to petition the courts for guardianship over making medical decisions for the client. Finding family members can add to the process time, however, rarely do we find that family members are in disagreement with the physicians.**

If you have any questions regarding these matters please call the DAIL Registered Nurse Consultant at (502) 564-6930, ext. 3890. If you are unable to reach the nurse please call your patient's state guardian who will be able to assist you further.